

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.
Registrations expire on January 31 unless a renewal is
submitted between December 1 and January 31.

Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

10/18
Lobbyist's Registration Number

FOR OFFICE USE ONLY

Postmark Date: 1/21/98

REG 1980330

CK #1546
\$10.00

1. NAME BRANDNER, Jr MICHAEL S MI
Last First MI
2. BUSINESS PHONE (504) 923-1599
Area Code and Phone Number
3. BUSINESS ADDRESS 4626 JAMESTOWN SUITE 5 BATON ROUGE, LA 70808
Street and No. City State Zip
4. EMPLOYER CHECKMATE STRATEGIES
5. EMPLOYER'S ADDRESS 4626 JAMESTOWN SUITES BATON ROUGE LA 70808
Street and No. City State Zip
6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.
1. Name LOUISIANA SOCIETY OF ANESTHESIOLOGISTS
Address P.O. Box 80053 BATON ROUGE, LA 70898
Business or purpose NON PROFIT PROFESSIONAL ORGANIZATION
Does this person pay you? yes
If No, who pays you? _____
2. Name LOUISIANA OPTHALMOLOGIC ASSOCIATION
Address P.O. Box 80053 BATON ROUGE, LA 70898
Business or purpose NON PROFIT PROFESSIONAL ORGANIZATION
Does this person pay you? yes
If No, who pays you? _____

HAND DELIVERED

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3. Name ✓ Common Cause / Louisiana
 Address 1250 Connecticut Ave, NW WPC 20036
 Business or purpose professional advocacy organization
 Does this person pay you? YES
 If No, who pays you? _____
4. Name _____
 Address _____
 Business or purpose _____
 Does this person pay you? _____
 If No, who pays you? _____
5. Name _____
 Address _____
 Business or purpose _____
 Does this person pay you? _____
 If No, who pays you? _____

State of LOUISIANA
 Parish of BATON ROUGE

Before me, the undersigned authority, personally came and appeared MICHAEL S. BRANDNER, Jr
Michael S. Brandner, Jr who, after being
 duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Michael S. Brandner, Jr
 Signature of Lobbyist

Sworn to and subscribed before me on this 24th day of
JANUARY, 1998

Kelly L. Cooley
 Notary Public

Rev. 8/97

ATTACH
 2" x 2"
 PHOTOGRAPH
 HERE
 FOR
 INITIAL
 REGISTRATION
 ONLY

